

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 JUN 10 PM 1:30
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee The Committee to Elect Eddie Pauline						Registration Number, if PAC					
Full Name of Candidate Eddie Pauline											
Street Address 980 King Ave. Bld. 9 Apt. 6						Office Sought Columbus City Council				District	
City Columbus						State O H		Zip Code 43212			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General		Annual Year	
	July			August		September				Semiannual	
	Monthly			Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1		D 0 8	
								Y 0 5			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	8,177.13
2. Total monetary contributions (From Form No. 31-A)	\$	4,830.00
3. Total other income (From Form No. 31-A-2)	\$	4.14
4. Total funds available (sum of lines 1, 2, 3)	\$	13,011.27
5. Total monetary expenditures (From Form No. 31-B)	\$	6,470.43
6. Balance on hand (line 4 minus line 5)	\$	6,540.84
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	47.87
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-H)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-I)	\$	0.00
13. For Electronic Filing Entries only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Eric Weldele

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06/09/05
Date

Contribution
pages **3**

Expenditure
pages **1**

Other
pages **5**

Total
pages **9**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Matthew C. Faehnle					Registration Number, if PAC		
Street Address 2280 W. Henderson Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Stephen A. Sterrett					Registration Number, if PAC		
Street Address 567 Tibet Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 0	D 4	Y 1	Amount 25.00	
Full Name of Contributor Kurtis Tunnell					Registration Number, if PAC		
Street Address 3446 Live Oak Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 1	Amount 150.00	
Full Name of Contributor Richard Seihl					Registration Number, if PAC		
Street Address 65 E. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 500.00	
Full Name of Contributor William Lager					Registration Number, if PAC		
Street Address 155 W. Main St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 1	Amount 1,000.00	
Full Name of Contributor Thomas Moyer					Registration Number, if PAC		
Street Address 6 Sessions Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43309	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Saul Seigel					Registration Number, if PAC		
Street Address 8380 Orchard Knoll Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Brian Jennings West					Registration Number, if PAC		
Street Address 4850 Kings Wood Dr. NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Roswell	State G A	Zip Code 30075	M 0	D 4	Y 1	Amount 50.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,925.00

Statement of Contributions Received

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Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Paul Allen Beck					Registration Number, if PAC		
Street Address 7003 Perry Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Matthew Damschroder					Registration Number, if PAC		
Street Address 2598 Ruhl Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Robert Schuler					Registration Number, if PAC		
Street Address 250 Civic Center Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 1,000.00	
Full Name of Contributor Dorothy Mihalick					Registration Number, if PAC		
Street Address 976 Tallmadge Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wickliffe	State O H	Zip Code 44092	M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor Richard Stoddard					Registration Number, if PAC		
Street Address 656 Marburn Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 3	Amount 100.00	
Full Name of Contributor Contributions From Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0	D 4	Y 2	Amount 780.00	
Full Name of Contributor Reminger & Reminger Ohio PAC					Registration Number, if PAC CP495		
Street Address 101 Prospect Ave. W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44115	M 0	D 5	Y 0	Amount 75.00	
Full Name of Contributor Bricker & Eckler LLP State PAC					Registration Number, if PAC OH 821		
Street Address 100 S. Third St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 150.00	

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Page Total \$ 2,405.00

Statement of Contributions Received

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Name of Committee in Full The Committee To Elect Eddie Pauline							
Full Name of Contributor Dan Heinlen					Registration Number, if PAC		
Street Address 2981 E. Powell Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code	M 0	D 5	Y 3	Amount 0	50.00
Full Name of Contributor Gregory Lashutka					Registration Number, if PAC		
Street Address 729 Mohawk Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 6	Y 0	Amount 2	250.00
Full Name of Contributor Murphey Moore					Registration Number, if PAC		
Street Address 3300 Imani Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Columbus	State O H	Zip Code 43224	M 0	D 4	Y 2	Amount 6	50.00
Full Name of Contributor Ryan Robinson					Registration Number, if PAC		
Street Address 4170 NW Pinecone Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Corvallis	State O R	Zip Code 07330	M 0	D 5	Y 0	Amount 4	50.00
Full Name of Contributor Douglas Lance Jr.					Registration Number, if PAC		
Street Address 8521 Libra Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Dublin	State O H	Zip Code 43016	M 0	D 4	Y 2	Amount 6	100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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Page Total \$ 500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline								
Full Name of Contributor Pieter Wykoff					Registration Number, if PAC			
Street Address 230 East Oakland Ave.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	25.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check				
Full Name of Contributor John Conley					Registration Number, if PAC			
Street Address 3205 Longspur Dr.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	100.00
City Columbus	State O	H	Zip Code 43228	Form(Cash,Check,etc) Check				
Full Name of Contributor J. Patrick McDonald					Registration Number, if PAC			
Street Address 1111 Perry St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	100.00
City Columbus	State O	H	Zip Code 43201	Form(Cash,Check,etc) Check				
Full Name of Contributor Robert Kovey					Registration Number, if PAC			
Street Address 9337 Paulding St. NW		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	25.00
City Massilon	State O	h	Zip Code 44646	Form(Cash,Check,etc) Check				
Full Name of Contributor Katherine Lee Harper					Registration Number, if PAC			
Street Address 381 Seibert St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	25.00
City Check	State O	H	Zip Code 43206	Form(Cash,Check,etc) Check				
Full Name of Contributor James Ashenhurst					Registration Number, if PAC			
Street Address 5147 Vinington Pl.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	150.00
City Dublin	State O	H	Zip Code 43016	Form(Cash,Check,etc) Check				
Full Name of Contributor Melissa Vasil					Registration Number, if PAC			
Street Address 300 Hinman Ave.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	4	2	25.00
City Columbus	State O	H	Zip Code 43207	Form(Cash,Check,etc) Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

780.00

Total expenditures this event

N/A

Page Total \$ 450.00

Event Date 04/21/05

Page 2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee To Elect Eddie Pauline				
Full Name of Contributor Molly Taylor			Registration Number, if PAC	
Street Address 319 N. High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City New Lexington	State O H	Zip Code 43764	Form (Cash, Check, etc) Check	
Full Name of Contributor Ryan Franzee			Registration Number, if PAC	
Street Address 745 Villa Rd. Apt. 129	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Springfield	State O h	Zip Code 45503	Form (Cash, Check, etc) Check	
Full Name of Contributor Dwayne Sattler			Registration Number, if PAC	
Street Address 8341 Harvest Wind Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Westerville	State O h	Zip Code 43082	Form (Cash, Check, etc) Check	
Full Name of Contributor Juan Cespedes			Registration Number, if PAC	
Street Address 74 East Engler Apt. 3C	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Amy Jenkins			Registration Number, if PAC	
Street Address 579 City Park	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Bonnie Conley			Registration Number, if PAC	
Street Address 5873 Ratificaiton Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Galloway	State O H	Zip Code 43119	Form (Cash, Check, etc) Check	
Full Name of Contributor Rick Boylan			Registration Number, if PAC	
Street Address 1900 Marblecliff Crossing Ct.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 34204	Form (Cash, Check, etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

780.00

Total expenditures this event

N/A

Page Total \$ **175.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee To Elect Eddie Pauline					
Full Name of Contributor Jeffrey Polesovsky				Registration Number, if PAC	
Street Address 4660 Blairfield Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Karl Kershner				Registration Number, if PAC	
Street Address 4953 Albany Meadow Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43081	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor James Canepa				Registration Number, if PAC	
Street Address 5203 Fenway Ct. Suite A	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Adam Viers				Registration Number, if PAC	
Street Address 2281	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43204	Form(Cash, Check, etc) Check		Amount 30.00
Full Name of Contributor James Conway				Registration Number, if PAC	
Street Address 4130 Shady Grove	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Toledo	State O	Zip Code 43623	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Kari Hertel				Registration Number, if PAC	
Street Address 4607 Wuertz Ct.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43017	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

780.00

Total expenditures this event

N/A

Page Total \$ **155.00**

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name Bank One				Registration Number, if PAC			
Address 100 E. Broad St.		Type* I N		M 0	D 6	Y 0	Amount 3.65
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name PayPal				Registration Number, if PAC			
Address 211 N. First Street		Type* I N		M 0	D 6	Y 0	Amount 0.49
City San Jose		State C A	Zip Code 95131	Form(Cash,Check,etc) cash			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee to Elect Eddie Pauline									
To Whom Paid The Alladin Shrine Circus						M	D	Y	Amount
						0	5	3	265.00
Address 3850 Stelzer Rd.		Purpose Circus Banner							
City Columbus	State O	H	Zip Code 43212	Check Number 101					
To Whom Paid Eddie Pauline						M	D	Y	Amount
						0	5	1	1,177.73
Address 980 King Ave		Purpose reimbursement for 200 yard signs, printing, and internet							
City Columbus	State O	H	Zip Code 43215	Check Number 440					
To Whom Paid The Franklin County Republican Party						M	D	Y	Amount
						0	4	1	5,000.00
Address 14 E. Gay Street		Purpose Mailings							
City Columbus	State O	H	Zip Code 43215	Check Number 440-1					
To Whom Paid PayPal						M	D	Y	Amount
						0	5	0	6.70
Address 211 N. First St.		Purpose Electronic Contribution site							
City San Jose	State C	A	Zip Code 95131	Check Number electronic pmnt					
To Whom Paid Bank One						M	D	Y	Amount
						0	5	2	21.00
Address 100 E. Broad St.		Purpose Checks							
City Columbus	State O	H	Zip Code 43215	Check Number electronic pmnt					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State		Zip Code	Check Number					

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline				
Full Name of Contributor Lindsey Boyer	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 1495 West 6th Ave.	Description of Item or Service Envelopes	M 0	D 5	Y 1
City Columbus	State O H 43212	Zip Code 43212	Fair Market Value 21.23	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave	Description of Item or Service Printing	M 0	D 5	Y 1
City Columbus	State O H 43215	Zip Code 43215	Fair Market Value 26.64	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event?

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